

Date: July 9, 2001

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled OPTICAL TO MAGNETIC ALIGNMENT IN MAGNETIC TAPE SYSTEM, the specification of which:

- ☒ is attached hereto.
☐ was filed on _ as Application Serial No. _ and was amended on _____.
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Peter J. Devlin, Reg. No. 31,753
Kenneth F. Kozik, Reg. No. 36,572

Denis G. Maloney, Reg. No. 29,670
Phyllis K. Krystal, Reg. No. 38,524

Address all telephone calls to PETER J. DEVLIN at telephone number (617) 542-5070.

Address all correspondence to PETER J. DEVLIN at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, MA 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: GEORGE BELLESIS

Inventor's Signature: _____ Date: _____
Residence Address: Jefferson, MA
Citizenship: United States of America
Post Office Address: 59 Heather Circle
Jefferson, MA 01522

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Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: LEO GUGLIEMMO
Inventor's Signature: *Leo Guglielmo*
Residence Address: Ormond Beach, FL
Citizenship: United States of America
Post Office Address: 83 Sanchez Avenue
Ormond Beach, FL 32174

Date: 7-9-2001

Full Name of Inventor: TZUOCHANG LEE

Inventor's Signature: _____
Residence Address: Shrewsbury, MA
Citizenship: United States of America
Post Office Address: 8 Ryan Road
Shrewsbury, MA 01545

Date: _____

Full Name of Inventor: ROBERT JOHNSON

Inventor's Signature: _____
Residence Address: Acton, MA
Citizenship: United States of America
Post Office Address: 127 Concord Road
Acton, MA 01720

Date: _____

Full Name of Inventor: JAMES FITZPATRICK

Inventor's Signature: _____
Residence Address: Sudbury, MA
Citizenship: United States of America
Post Office Address: 17 Run Brook
Sudbury, MA 01776

Date: _____

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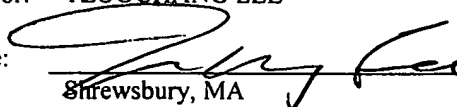
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